

## PROCEDURE FOR CHILD WITH SEIZURES

|             | Student's Name  |                                 | / School                  | - <del></del>      |
|-------------|---|---------------------------------|---------------------------|--------------------|
| The followi | ing procedure will be follo   | wed when a child experiences se | eizure activity in school | :                  |
| 1.          | Child should never be<br>*Send someone to<br>*Contact parent imr  |                                 | parent, notify emerge     | ncy contact person |
|             | Parent's home num   | ber:                            |                           |                    |
|             | Parent's work numb  | oer:                            |                           |                    |
|             | Emergency contact   | :<br>Name                       |                           |                    |
|             |   | Name                            | <sup>/</sup> Phone        |                    |
| 2.          | *Turn head to one side if possible, to prevent choking on saliva.  *Do not insert anything in child's mouth.  *Place soft object under head.  |                                 |                           |                    |
| 3.          | *Length of time seizure started and when it stopped.  *Any movements of body parts, separate or all extremities involved -  (any jerking or continuous movement).  *Any incontinence of stool or urine. |                                 |                           |                    |
| 4.          | <ul> <li>* Call ambulance 911 if:</li> <li>* Seizure lasts longer than 5 minutes.</li> <li>* Parent or emergency contact cannot be reached.</li> </ul>  |                                 |                           |                    |
| 5.          | Allow child to rest aft   | er seizure occurs.              |                           |                    |
|             |   | Parent's Signature              | 1                         | Date               |
|             |   | School Administrator's          | Signature /               | <br>Date           |

By signing this form, authorization is hereby granted to release this information to appropriate school or bus personnel and classroom teachers as needed